cannot afford it. Only 15 percent of those individuals with health insurance have postponed care for this reason.

It is no surprise that the uninsured and underinsured are generally more expensive to treat because they fall through the cracks in our health care system. Unfortunately, the policies that this Congress has supported only serve to widen those cracks.

Despite being faced with record levels of uninsured individuals, this Congress has put Medicaid cuts at the top of the budget agenda. Medicaid is the health insurer of last resort in this country, and subjecting this critical program to budget cuts will only serve to further increase the number of Americans without health insurance.

Where does Congress think these folks will go once they are dropped from the Medicaid rolls? The answer is simple: They will join the ranks of the uninsured, and in doing so, they will be three times more likely to postpone health care, three times more likely to forego filling a prescription, and three times as likely to be hounded by collection agents for payments on medical care they do seek out. This is not the way to ensure that our citizens are healthy, productive members of our society.

The Federal Government needs to renew its commitment to the most vulnerable members of our society. Faced with record levels of uninsured, we should be adding people to the Medicaid and SCHIP rolls, not dropping them. We should expand the SCHIP program to include parents of these CHIP children. That policy option alone would provide health insurance to 67 percent of CHIP parents in Texas.

We should restore funding for the HCAP program, which in my community, has helped enroll an additional 250,000 individuals in Medicaid and CHIP, while also directing the uninsured away from ERs and toward an appropriate health care home. These are programs that work.

What does not work is picking a budget number out of thin air and forcing Members to chop away at a program until it fits that number. It is shameful that Congress is balancing the budget on the backs of low-income families. If we are going to get this country's health care system out of the ditch, we must stop digging that ditch.

HEALTH RISKS ASSOCIATED WITH INHALED COMPOUNDED DRUGS USED IN NEBULIZERS

The SPEAKER pro tempore (Mr. REICHERT). Under a previous order of the House, the gentleman from New Jersey (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of New Jersey. Mr. Speaker, today, Americans with asthma, emphysema, and other respiratory diseases are being exposed, without their knowledge or consent, to serious and unnecessary health risks associated with inhaled compounded drugs used in their nebulizers.

Mr. Speaker, to my left are FDA-approved generic and brand medications proven to be safe, effective, and manufactured in a sterile manner. I would ask Members to notice that critical information, such as lot number, expiration date, manufacturer, drug name, and dose are embossed on the plastic vial.

These, Mr. Speaker, on this next board, are not FDA-approved medications. They were compounded or mixed in a pharmacy under conditions that may or may not be sterile. They are not clinically proven to be safe or effective. Notice there is no lot number, no expiration date, no manufacturer or sterility notice. Absence of this critical information in labeling and advertisements to patients and prescribers is, at best, misleading.

In addition, notice here the glue-affixed paper labels. The FDA, Mr. Speaker, does not approve of these types of paper labels because they are known to leach carcinogenic ink and glue chemicals into the medication in the vials the patient inhales into their lungs.

Mr. Speaker, physicians write their prescriptions for FDA-approved brand names and generic medications. Patients think that what the doctor prescribes is what they are going to receive. But through a sleight of hand, some compounding pharmacists are having the prescriptions switched to these types of unapproved and unproven drugs.

What happens is that the patient gets a phone call or sees a TV ad or something on the Web saying that this seemingly benign and reputable company will deliver their nebulizer drugs right to their door if they just sign a form. By signing, they essentially agree to a substitution of the medication from what the doctor prescribed to whatever substance the compounding pharmacist is whipping up in his back room or factory.

Oftentimes, the original prescribing physician does not even know the substitution or switch has occurred. Patients and physicians do not know until something goes tragically wrong, and wrong in this case can be a worsening symptom, or even death.

You might ask how this is happening, Mr. Speaker. Well, a new industry has emerged in recent years: Mass pharmacy manufacturing under the guise of traditional pharmacy compounding. Relying on lax State standards and arguing that Federal standards do not apply, these companies manufacture and distribute millions of doses of compounded nebulizer medications each year. Mass pharmacy manufacturing is not to be confused with traditional pharmacy compounding, a public health service when a patient has a medical condition for which no proven commercially available medication exists.

Normally, the patient, prescriber and compounding pharmacist discuss the risks and benefits together and monitor the patient carefully throughout the illness. In many cases, however, this is not happening. Medical experts agree that the risk of using these unproven drugs, mass manufactured outside the parameters of FDA regulation, are unacceptable, especially when FDA-approved medications are available.

These drugs, Mr. Speaker, are not FDA-approved. They are not established generic equivalents of FDA-approved brand name medications. They are not proven to be safe or effective and do not meet FDA standards for sterility. The origin and quality of raw ingredients are not disclosed.

The absence of disclosure and drug labeling in advertisements is indeed misleading, and I am concerned. So are patient and clinician organizations, led by the Allergy and Asthma Network/Mothers of Asthmatics. It is time for Congress to get to the bottom of this issue and find out why these products are allowed to be sold with misleading labeling and without FDA approval. And, further, why in many cases Medicare and Medicaid are reimbursing for these unproven and unapproved mass manufactured products.

PROPOSED INDIAN GAMBLING CASINO IN COLUMBIA RIVER GORGE NATIONAL SCENIC AREA IN OREGON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. WU) is recognized for 5 minutes.

Mr. WU. Mr. Speaker, tonight I rise to express my deepest concern about a proposed Indian gambling casino in the Columbia River Gorge National Scenic Area in Oregon.

On April 6, 2005, Oregon Governor, Ted Kulongoski and the Confederated Tribes of the Warm Springs signed a Tribal-State compact. The compact would allow a off-reservation Indian gambling casino in the Columbia River Gorge National Scenic Area. The Columbia River Gorge is the crown jewel of Oregon's many natural wonders, a spectacular and unique sea-level cut through the Cascade Mountain Range. It is 80 miles long and up to 4,000 feet deep. The Columbia River flows between the Gorge's north walls in Washington State and its south walls in Oregon. It is a natural wonder and a National Scenic Area.

The proposed 500,000 square foot gambling casino would dramatically alter the Columbia River Gorge and have a significant negative effect on the environment by increasing traffic, congestion, and air pollution. Specifically, the proposed casino would draw an estimated 3 million visitors per year for non-Gorge related reasons, resulting in perhaps a million additional vehicle trips per year. This increased traffic would exacerbate existing air pollution problems in the Columbia River Gorge. State and Federal agencies have already determined that air quality in